THIS ACKNOWLEDGES RECEIPT OF APPLICATION FOR:			
NAME OF PROGRAM DIRE			
TITLE OF PROPOSAL			
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To Applicant: <b>Complete</b> Do Not Tear Apart. Retu			ddress Top Section To Yourself On Reverse Side.
NAME OF PROGRAM DIRE	CTOR	(Last, First, Initial)	
NAME AND ADDRESS OF A	APPLIC	ANT ORGANIZATION	
TITLE OF PROPOSAL			
REQUESTED STARTING DATE	SSA PROGRAM / POPULAR NAME		
FUNDS REQUESTED			
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NOTE: please forward a mailing label with your application package, to be used by SSA in acknowledging receipt of your application package.